

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS ASSOCIATION FOR HOME CARE & HOSPICE, INC. TEXAS HOME CARE & HOSPICE PAC- FEDERAL

Full Name (Last, First, Middle Initial)

A. Ms. Mary Helen Tieken

Mailing Address 1815 10th

City
Floresville

State
TX

Zip Code
78114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nurses In Touch, Inc.

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 13 / 2015

Transaction ID : SA11AI.8305

Amount of Each Receipt this Period

104.50

Contribution

Full Name (Last, First, Middle Initial)

B. Mr. Dan Willson

Mailing Address P.O. Box 130010

City
Tyler

State
TX

Zip Code
75713

FEC ID number of contributing
federal political committee.

C

Name of Employer
Paradigm Rehab & Nursing, LP

Occupation
Administrator, Pres. CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 13 / 2015

Transaction ID : SA11AI.8315

Amount of Each Receipt this Period

278.00

Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

382.50

TOTAL This Period (last page this line number only)..... ►

2425.50